

month the blood-urea and blood-sugar were less than in the normal non-pregnant woman. The quantity of diastase was increased. In the toxemia of pregnancy blood changes were slight: Cholesterol was increased, especially in cases of eclampsia; in the urine a high diastase percentage preceded albuminuria. He would distinguish between the toxemia of pregnancy and a true nephritis in pregnancy by the estimation of urea in the blood and diastase in the urine. WILLCOX considered the corpus luteum an important factor in producing toxins. He believed that the toxins produced in pregnancy damaged the organs of excretion in each succeeding pregnancy.

The same discussion before the Harveian Society is reported by the *Lancet*, April 1, 1922, p. 651. In reporting Bourne's paper it is stated that in 18,000 cases of labor at Queen Charlotte's Hospital, but 3 cases of the hepatic form of toxemia have been observed. Eclampsia can occur with comparatively low blood-pressure, as cases are reported where the blood-pressure was below 160 mm. The mortality curve of all toxemic patients was 5 per cent; where the blood-pressure was 150 mm. or below the mortality was 9 per cent; where it was 190 or above, the mortality was 27 per cent. Holland is quoted as stating that at least 12 per cent of eclamptic patients suffered permanent damage to the kidneys.

Pneumonia in the Newborn.—(*Brit. Med. Jour.*, March 25, 1922, p. 469), BROWNE publishes a paper upon pneumonia in the newborn. In 80 cases of infantile death in the Royal Maternity Hospital, Edinburgh, there were 21 or 26.25 per cent in which the cause of death was found to be pneumonia; 11 were in premature and 9 in full-time infants, the ages varying from eight hours to five weeks. The fact that so many of these cases were premature, shows that the premature infant is especially liable to infection. It is estimated that the premature infant is fourteen times as liable to die from pneumonia as is the infant born at full time. It is also of interest to know that 5 of these infants were syphilitic, another probably so, while 1 had fracture of the supraorbital plates with extradural hemorrhage overlying them. One of the syphilitic cases had an extradural hemorrhage in the spinal cord. Among the premature infants were many with areas in the lungs, where the lungs had not expanded; in some involving part of one lung and a large part of the other. It seems probable that this condition predisposes to pneumonia. There were 2 very instructive cases of premature rupture of the membranes, followed by pneumonia in the infant. In 1 the pneumococcus was present, in the other the *Bacillus coli communis*. One of the mothers was delivered by forceps, and the other had induced labor. Both mothers made uninterrupted recoveries, and evidently the children died from infection, developing before or during birth. Of the pathology of the condition, there were 11 cases of the ordinary catarrhal pneumonia, 1 with pleural effusion, 2 with empyema.

There were 2 cases of interstitial pneumonia with catarrhal pneumonia added. In 1 case of catarrhal pneumonia there was hemorrhage into the bronchial tubes and into the lungs. In 5 cases there was acute congestion and edema of the lungs with hemorrhage into the lung substance. In 1 case there was both interstitial and catarrhal pneu-

monia and hemorrhage, and in 1 interstitial pneumonia with congestion and hemorrhage. The catarrhal pneumonias were in a fairly advanced stage of consolidation. It is sometimes difficult on examining the lung to distinguish precisely between the different varieties.

Among new-born infants pneumonia is a common cause of death during the first week of life, and occurs in 26 per cent of new-born children. It may be caused by infection before birth, following premature rupture of the membrane, and at the time of birth the child may be in an advanced stage of pneumonia. The child has very little defensive reaction against infection as compared with the adult. In the first few days of life pneumonia is an exceedingly insidious disease; generally presenting no characteristic symptoms which might lead to its presence being suspected or established on physical examination. The microscopic examination of the lungs may be necessary, and the postmortem examination in the ordinary manner may fail to make a diagnosis. The acute hemorrhagic pneumonia of infants is a distinct condition. In this condition children, previously apparently healthy, either full time or premature, may die suddenly. This death is preceded by acute congestion of the lungs, followed by hemorrhage from the rupture of fragile blood vessels. Very often sudden death is preceded by nose-bleed, pallor and it is thought that the cause of the accident may be something in the nature of an anaphylactic action. Two precautions are imperative in the interest of new-born children: the avoidance of premature rupture of the membranes during labor and the taking of every precaution to protect the child against infection.

Osteomalacia with Rupture of the Uterus.—SCHOCKAERT of Louvain (*Gynécologie et obstétrique*, 1922, Tome 5, No. 2) describes the case of a patient aged forty years in her seventh pregnancy, in labor several days. She was brought to the Maternity at Louvain in miserable condition. The history showed the usual diseases of childhood, that menstruation appeared at seventeen and had always been regular. The six preceding pregnancies had terminated normally. Three children were living and in good health; 2 had died; 1 from some affection of the digestive tract, associated with alterations in the bone probably rachitic; the other had died of angina.(?) The patient had been ill three years; before her sixth pregnancy she had suffered from continuous pain in the lower extremities, especially in the thighs and knees. It had become impossible for her to flex the leg upon the thigh and the thigh upon the pelvis. Later, pain developed among the lower ribs and this became so excessive that the patient made no effort to speak or laugh, and finally pain became severe in the region of the symphysis pubis. Little by little the whole skeleton with the exception of the bones of the cranium had become painful. The patient was pregnant, and during the pregnancy she had grown rapidly worse, to a degree that she could not walk on account of her suffering. Her labor had taken place spontaneously without medical attention and the child had been born alive and survived. After the birth of this child the patient still suffered with pain and could not move without assistance. She remained in that condition until the beginning of the present and succeeding pregnancy. From the history it seemed evident that the physician who had been called to treat her had considered her to be